

An assessment of rates and reasons for cannulation on arrival in labour ward theatre for non-elective procedures

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There is concern that delay in cannula insertion on patient arrival in theatre may result in maternal or fetal morbidity. We aimed to assess how frequently cannulae required insertion in theatre before the start of non-elective procedures at Princess Royal Maternity (PRM).

Methods

Anaesthetists completed a proforma for each patient cannulated in theatre before their anaesthetic (regional or general) for all non-elective cases in PRM from 24th February to 23rd March 2014. The theatre record was checked for a denominator in the same period.

Results

A cannula was inserted in 11.1% of cases (12 cannulae/108 cases). Eleven patients (91.7%) originated in labour ward and one (8.3%) maternity assessment. In six patients (50%) the cannulation was felt to have delayed the theatre procedure. Three patients (25%) underwent Category 1 caesarean section. Nine patients (75%) had IV fluid and four (33.3%) IV syntocinon connected on arrival in theatre. The reasons for cannulation are given below.

Reason for cannula insertion on arrival in theatre	Number of patient (N (%))
No cannula in situ	3 (25%)
Cannula tissued	3 (25%)
Inadequate flow rate	4 (33.3%)
Painful on injection	1 (8.3%)
Inadequate size for theatre procedure	1 (8.3%)

Discussion

While only 12 cases in four weeks required a cannula insertion before the start of the procedure, it caused a delay in half, implying a delay in starting over 5% of non-elective cases. 75% had a cannula in situ pre-theatre which was felt inadequate for one reason or another and perhaps reflects poor cannula care on labour ward. A number had infusions running through poor cannulae which could affect the course of labour. These results have been fed-back to the labour ward management to improve cannula care and will be re-reviewed in the future.